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PTO/SB/50 (06-03)

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REISSUE PATENT APPLICATION TRANSMITTAL

Address to: Mail Stop Reissue Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Attorney Docket No.</td> <td style="padding: 2px;">0279-303PRE</td> </tr> <tr> <td style="padding: 2px;">First Named Inventor</td> <td style="padding: 2px;">A. GLANZ</td> </tr> <tr> <td style="padding: 2px;">Original Patent Number</td> <td style="padding: 2px;">6,321,475</td> </tr> <tr> <td style="padding: 2px;">Original Patent Issue Date (Month/Day/Year)</td> <td style="padding: 2px;">NOVEMBER 27, 2001</td> </tr> <tr> <td style="padding: 2px;">Express Mail Label No.</td> <td style="padding: 2px;">EV 315924455 US</td> </tr> </table>		Attorney Docket No.	0279-303PRE	First Named Inventor	A. GLANZ	Original Patent Number	6,321,475	Original Patent Issue Date (Month/Day/Year)	NOVEMBER 27, 2001	Express Mail Label No.	EV 315924455 US
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Express Mail Label No.	EV 315924455 US												
APPLICATION FOR REISSUE OF: (Check applicable)		<input checked="" type="checkbox"/> Utility Patent <input type="checkbox"/> Design Patent <input type="checkbox"/> Plant Patent											
APPLICATION ELEMENTS (37 CFR 1.173)		ACCOMPANYING APPLICATION PARTS											
<ol style="list-style-type: none"> 1. <input checked="" type="checkbox"/> Fee Transmittal Form (PTO/SB/56) (Submit an original, and a duplicate for fee processing) 2. <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. 3. <input checked="" type="checkbox"/> Specification and Claims in double column copy of patent format (amended, if appropriate) 4. <input checked="" type="checkbox"/> Drawing(s) (proposed amendments, if appropriate) 5. <input checked="" type="checkbox"/> Reissue Oath/Declaration (original or copy) (37 C.F.R. 1.175) (PTO/SB/51 or 52) 6. <input checked="" type="checkbox"/> Power of Attorney 7. <input checked="" type="checkbox"/> Original U.S. Patent currently (If Yes, check applicable box(es)) <div style="display: inline-block; vertical-align: middle;"> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No </div> <input checked="" type="checkbox"/> Written Consent of all Assignees (PTO/SB/53) <input checked="" type="checkbox"/> 37 C.F.R. § 3.73(b) Statement (PTO/SB/96) 8. <input type="checkbox"/> CD-ROM or CD-R in duplicate, Computer Program (Appendix) or large table 9. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all of the following are necessary) <ol style="list-style-type: none"> a. <input type="checkbox"/> Computer Readable Form (CFR) b. Specification Sequence Listing on: <ol style="list-style-type: none"> i <input type="checkbox"/> CD-ROM (2 copies) or CD-R (2 copies); or ii <input type="checkbox"/> paper c. <input type="checkbox"/> Statements verifying identity of above copies 		<ol style="list-style-type: none"> 10. <input type="checkbox"/> Statement of status and support for all changes to the claims. See 37 CFR 1.173 (c). 11. <input type="checkbox"/> Original Patent Grant <div style="display: inline-block; vertical-align: middle;"> <input type="checkbox"/> Ribboned Original Patent Grant <input type="checkbox"/> Statement of Loss (PTO/SB/55) </div> 12. <input type="checkbox"/> Foreign Priority Claim (35 U.S.C. 119) (if applicable) 13. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <div style="display: inline-block; vertical-align: middle;"> <input type="checkbox"/> Copies of IDS Citations </div> 14. <input type="checkbox"/> English Translation of Reissue Oath/Declaration (if applicable) 15. <input type="checkbox"/> Preliminary Amendment 16. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized) 17. Other: <u>Patentee offers to surrender the</u> <u>original patent, or submit a</u> <u>statement as to its loss.</u> 											

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112603

18. CORRESPONDENCE ADDRESS

☐

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NAME (Print/Type)	JAY A. BONDELL, ESQ.	Registration No. (Attorney/Agent)	28,188
Signature		Date	NOV. 26, 2003

This collection of information is required by 37 CFR 1.173. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop Reissue, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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REISSUE APPLICATION FEE TRANSMITTAL FORM

Docket Number
0279-303PRE/JAB

Claims as Filed - Part 1

Claims in Patent		Number Filed in Reissue Application	(3) Number Extra	Small Entity		Other than a Small Entity	
				Rate	Fee	Rate	Fee
(A)	Total Claims (37 CFR 1.16(j))	(B) 18	**** -0-	x \$	=	or	x \$ = \$0
(C)	Independent claims (37 CFR 1.16(i))	(D) 5	2	x \$ 43	= 86		x \$ = \$0
Basic Fee (37 CFR					385		
Total Filing Fee					\$471		

Claims as Amended - Part 2

	(1) Claims Remaining After Amendment		(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity		Other than a Small Entity	
					Rate	Fee	Rate	Fee
Total Claims (37 CFR 1.16(j))	***	MINUS	**	=	x \$ 9	= \$0	x \$ 18	= \$0
Independent Claims (37 CFR 1.16(i))	***	MINUS	*****	=	x \$ 42	= \$0	x \$ 84	= \$0
Total Additional Fee					\$0	OR		\$0

* If the entry in (D) is less than the entry in (C), Write "0" in column 3.

** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.

*** After any cancellation of claims.

**** If "A" is greater than 20, use (B - A); if "A" is 20 or less, use (B - 20).

***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).

☒ Applicant claims small entity status. See 37 CFR 1.27.☐ Please charge Deposit Account No. _____ in the amount of _____.
A duplicate copy of this sheet is _____.☒ The Director is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. 19-0748.
A duplicate copy of this sheet is enclosed.☒ A check in the amount of \$ 471 to cover the filing / additional fee is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.**WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**

NOVEMBER 26, 2003

Date

28,188

Registration Number, if applicable

Signature of Applicant, Attorney or Agent of Record

JAY A. BONDELL, ESQ.

Typed or printed name

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450 Alexandria, VA 22313-1450.

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EXPRESS MAIL NO. EV 315924455 US

EXPRESS MAIL CERTIFICATION

CERTIFICATE UNDER 37 C.F.R. 1.8(a) I hereby certify that this correspondence is being deposited with the U.S. Postal Service as Express Mail in an envelope addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on November 26, 2003.

Dated : November 26, 2003

A handwritten signature in black ink, appearing to read 'Carol L. Wood', is written over a horizontal line.

Sender - CAROL L. WOOD